

	1811	BLS Traction Splint
Nor-Cal EMS Policy & Procedure Manual		BLS Procedures
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

INDICATION

- Stabilizing an isolated femur fracture prior to definitive care. Femoral traction splinting may reduce pain and bleeding.

CONTRAINDICATIONS

- Pelvic fracture.
- Fractures below femur shaft, e.g. ankle, foot, knee, lower leg.
- Compound fractures with bone fragments sticking through skin.
- Partial amputation where marginal tissue connects the distal limb.

PRECAUTION

- A patient with a femur fracture may hemorrhage up to 30% of the normal body's blood volume. EMS personnel should closely monitor patients for hemodynamic instability.

PROCEDURE

- Need two people to perform proper traction splint application.
- One person stabilizes and pulls manual traction, this person does not release until traction splint in place.
- Second crew member does assessment on patient's leg:
 - Check for pedal pulse.
 - Check for motor skills (if patient able to answer questions).
- Measure traction splint on uninjured leg.
- Secure ischial strap to injured leg.
- Secure distal ankle straps.
- Pull traction on device.
- Secure leg with straps.
- Reassess leg

KEY TAKEAWAYS

- Traction splinting is a useful tool for femur fracture alignment, increasing arterial blood flow, decreasing pain, and reducing the risk of further injury from fractured bone fragments.
- Traction splinting should be used along with other pain control techniques to make the patient feel comfortable.